

# Eliminating routine but low-value preoperative tests for cataract surgery patients associated with cost savings

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Credit: U.S. Navy

UCLA researchers found that eliminating routine but unnecessary procedures before people undergo cataract surgery has the potential to

save costs and resources for hospitals serving lower-income patients.

Forgoing routine chest x-rays, electrocardiograms and other preoperative procedures—which studies have found to have no clinical benefit prior to [cataract surgery](#)—was associated with a savings of \$67,241 over three years at one of the medical centers analyzed in the study. The change was also associated with other benefits – for instance, one licensed vocational nurse had approximately 70 percent more time to pursue other clinical work. The researchers did not detect any measureable negative effects for patients associated with the change.

A 2000 study in the *New England Journal of Medicine* found that routine preoperative tests for [cataract surgery](#) are of limited medical value for patients, but a later study, published in the same journal in 2015, found that the procedures are still commonly performed across the U.S. health care system.

The researchers compared preoperative testing and costs for people undergoing cataract surgery at two major academic safety net hospitals run by the Los Angeles County Department of Health Services, between April 2015 and April 2016. They also analyzed patients' follow-up reports for an additional year to assess whether eliminating the preoperative care had a sustained result.

"As [health systems](#), policymakers and payers across the United States face mounting pressure to safely lower [health care spending](#), these findings highlight one potential clinician-led approach associated with reduced low-value care, lower costs and improved quality in the safety net health system setting," said Dr. John Mafi, an assistant professor in the division of general internal medicine and health services research at the David Geffen School of Medicine at UCLA, and the study's lead author.

These findings should be of interest to others across the nation interested in improving the value of health care, and it will be important for others to replicate these methods in a randomized controlled trial.

**More information:** John N. Mafi et al. Evaluation of an Intervention to Reduce Low-Value Preoperative Care for Patients Undergoing Cataract Surgery at a Safety-Net Health System, *JAMA Internal Medicine* (2019). [DOI: 10.1001/jamainternmed.2018.8358](https://doi.org/10.1001/jamainternmed.2018.8358)

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